

Section 1

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HISTORY AND STRUCTURE OF SCHOOL-BASED HEALTH CENTERS IN LOUISIANA

History

The first Louisiana school-based health centers (SBHCs) operated in Baton Rouge at Istrouma High School and Westdale Middle School in 1987 and in New Orleans at Carver High School in 1988. These centers were funded by the Robert Wood Johnson Foundation and began providing health services to students attending these schools. From the performance of these centers and studies by the Office of Public Health (OPH), it was determined that a need for health services existed in other parts of the state, in particular for low-income, uninsured adolescents.

The Adolescent School Health Initiative (ASHI) (R.S.40: 31.3), <http://www.legis.state.la.us/lss/lss.asp?doc=98381>, was enacted by the Louisiana Legislature in 1991 (a copy of this document can be found toward the end of this section). The initiative calls upon the Office of Public Health (OPH) to "facilitate and encourage development of comprehensive health centers in public middle and secondary schools."

The mission of the Department of Health and Hospitals (DHH) is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. OPH is one office within DHH. Please refer to the organizational chart at the end of this section. More detailed information and links for each agency within DHH may be found at www.dhh.la.gov.

Function of the Adolescent School Health Program (ASHP) Office

ASHP office at OPH serves as the headquarters for the initiative and administers the SBHC program. The ASHP office is located organizationally in the Center for Preventive Health within OPH. Funding for SBHCs is provided by state general fund/tobacco settlement dollars and the Maternal and Child Health/Title V Block Grant. In addition, local communities contribute a minimum of 20% matching funds to the OPH contract amount. Through a competitive call for proposals process, ASHP contracts with local sponsors (i.e., hospitals, community health centers, school boards, local health departments) to plan and operate SBHCs. In addition, ASHP personnel:

- Monitor these contracts by reviewing statistical and narrative reports and fiscal documents submitted by contractors and providing feedback.
- Provide administrative technical assistance to SBHC staff and communities interested in starting a SBHC and in ongoing SBHC operation.
- Set standards, policies and guidelines for the operation of SBHCs in Louisiana.
- Collect and analyze data and report on it to state and federal authorities.
- Provide on-site continuous quality improvement monitoring.
- Collaborate with other state agencies and groups on issues pertaining to adolescent and school health.

ASHP is staffed with eight full-time employees and one contractual employee:

- Medical Director/Program Director - Oversees the administration of ASHP and provides medical oversight
- Program Coordinator and three Contract Monitors - Monitor the contracts and provide programmatic support
- Contract Grants Reviewer - Assists in the preparation of budgets, reviews expenditures and processes invoices for the SBHCs
- Office Coordinator - Manages the day to day operation of the office
- Data Manager – Collects and analyzes data, oversees production of the annual report and assists SBHCs with Clinical Fusion and other data issues
- Advanced Practice Registered Nurse Consultant – Oversees the continuous quality assurance program and the Best Practices Initiative (in particular, the Diabetes Screening)

Purpose of the Program

Good physical and mental health is a fundamental prerequisite to learning. Locating a primary health care center on school grounds where adolescents spend a significant portion of each day lowers major access barriers to health care. In addition, the school environment allows integration of health services and health education as well as reinforces the message that good health ultimately depends upon personal responsibility for healthy life choices.

In Louisiana, full-service SBHCs:

- Operate full-time during the school year, before, during and after school hours, as feasible;
- Arrange for 24-hour back-up coverage during non-operating hours to assure continuity of care;
- Execute cooperative agreements with community health providers to link students to support and specialist services not provided at the school site;
- Become primary source of health care for children and youth with no other source, or share responsibility for the health care of patients with access to other providers.

Thus, in Louisiana a SBHC is more than simply a first-aid station where only minimal screening services are provided. The SBHC offers comprehensive physical and mental health services including:

- **Preventive Care**, where screening and follow-up assure the earliest possible intervention and intervention to prevent or control greater problems;
- **Primary Care**, which assesses and treats or refers for all aspects of physical and emotional health;
- **Anticipatory Guidance**, which educates both the patient and family to become responsible for adopting healthy behaviors.

Establishing a SBHC

When new monies become available, OPH issues a competitive Call for Proposals. A non-profit or public entity in the community submits an application to the OPH/ASHP office. If awarded a planning grant, local communities are expected to initiate organizing efforts to determine the feasibility and interest in establishing a SBHC that will deliver comprehensive health services at one or more school sites. A needs assessment must be performed to determine if local conditions will support a SBHC. Collaboration between local leaders in various parts of the community work together to gain support and organize the center.

Services Provided

SBHCs must offer comprehensive health services including primary care, mental health and preventive health services a minimum of 180 days per year to students registered at the SBHC. At a minimum, the categories of services that should be provided include:

- Preventive health care and medical screenings;
- Treatment for common simple illnesses and minor injuries;
- Referral and follow-up for serious illness and emergencies;
- Behavioral health and psychosocial counseling, referral and follow-up where necessary;
- On-site care and consultation, as well as referral and follow-up for pregnancy, chronic diseases and other disorders;
- On-site and referral care for drug and alcohol abuse;
- On-site care for sexually transmitted diseases;
- Sports and employment physicals;
- Immunizations and enrolled as a user in LINKS, the state-wide computer-based system designed to keep track of immunization records for patients;
- Laboratory testing; and
- Education and counseling (in coordination with classroom instruction) addressing avoidance of high-risk behavior and conditions, such as pregnancy, sexually transmitted diseases, drug and alcohol abuse, injuries, and violence, and outlining healthy behaviors associated with nutrition and fitness.

Additional services/programs provided should be based upon the needs of the students, the resources of the community and the ability of the SBHC to meet those needs. In addition, the SBHC should establish both formal and informal programs and procedures for ensuring its role in health education at the school site.

A SBHC is not limited in the types of services it may provide or in the population it may serve. Thus, a school or school district may choose to develop a family service, youth service, or community center at the school site. In addition to health services, centers may include day care, parenting classes, literacy classes, recreation, job training, insurance enrollment, and Head Start or other early childhood programs.

In addition, a SBHC is not limited to serving only the school population. Organizers are encouraged to consider the feasibility of providing access to pre-K, kindergarten and elementary students at area "feeder" schools as well as students at other district schools and adolescents not presently enrolled in school, as well as children and families of enrolled students. Some SBHCs provide services to the entire community.

ASHP does not limit SBHCs to delivery of health services if the sponsors and the community support a broader initiative. The OPH encourages SBHC efforts to coordinate and centralize access to the multiplicity of services that will best meet the needs of students and their families providing that financing is available from other sources for the non health-related services to be offered at the school site.

Coordinated School Health Program

Providing comprehensive health services at the school site involves both delivering a full range of services to meet the physical, mental and psychosocial health needs of adolescents and assuming an integral role in the development and support of the school's coordinated school health program. In particular, SBHC personnel can collaborate with educators, administrators, school nurses, school social workers and other service providers, and students to ensure the effectiveness of the components of the coordinated school health program, including comprehensive health education, physical education, environment, nutrition, health promotion for staff, family and community involvement.

The following is a description of the 8 components of a coordinated school health program from *Health is Academic* (Teachers College Press, 1998):

- **Comprehensive health education:** Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; develops health knowledge, attitudes, and skills; and is tailored to each age level. Designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health related risk behaviors.
- **Physical education:** Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.
- **School health services:** Preventive services, education, emergency care, referral, and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.
- **School nutrition services:** Integration of nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating behaviors for all children. Designed to maximize each child's education and health potential for a lifetime.

- **School counseling, psychological, and social services:** Activities that focus on cognitive, emotional, behavioral and social needs of individuals, groups, and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.
- **Healthy school environment:** The physical, emotional, and social climate of the school. Designed to provide a safe physical plant, as well as a healthy and supportive environment that fosters learning.
- **School-site health promotion for staff:** Assessment, education, and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff, who serve as role models for students.
- **Family and community involvement in schools:** Partnerships among schools, families, community groups, and individuals. Designed to share and maximize resources and expertise in addressing the healthy development of children, youth, and their families.

Through the coordinated school health program, the SBHC has the potential for serving as a focal point for promotion of healthy schools in a healthy community. Through collaboration with health interests in the community, SBHC personnel can provide services and programs for the larger community as well as enhance both the education and health services offered to its particular school community.

Community Advisory Committees

Each operating center must establish a representative community advisory committee inclusive of interests likely to participate and/or support the center's operation.

Membership should include the local parish health unit nurse supervisor or representative, the OMH Regional/District Manager or staff, the OAD Regional Prevention Staff, state legislators, students, parents, educators, health professionals and representatives of the community-at-large including civic, business and religious leaders. The sponsoring agency and SBHC personnel, in collaboration with the committee members, should define a formal role for the committee that includes identifying and securing additional resources to enhance the center's operations and promoting community support for the center.

SBHC Network

The Network, convened by ASHP, is composed of all State funded SBHCs. SBHCs funded by other sources are also welcome to become a part of the Network.

Attendance at Network meetings for all contractors with OPH/ASHP is required.

Network meetings provide an opportunity to network and exchange ideas and information necessary to assist and enhance SBHC operation.

The Network has four sub-committees: Administrative, Psychosocial, Data and Medical. These are policy-making committees, which are established and staffed by ASHP. Subcommittee membership is voluntary. These subcommittees meet in person or via

conference call on a regular basis throughout the year. The subcommittees identify SBHC needs and formulate appropriate state policy and regulations for the daily operation of these centers in Louisiana.

National Assembly of School-Based Health Care (NASBHC) www.nasbhc.org

The National Assembly of School-Based Health Care (NASBHC) is the recognized public advocate and leading source of information on SBHCs. The NASBHC provides a forum for professional development, knowledge exchange, and services related to SBHCs. The NASBHC encompasses three advisory panels: Technical Assistance and Training, Government Affairs, and Evaluation and Quality.

The *Advisory Panel for Technical Assistance and Training* provides professional development and continuing education opportunities for the inter-disciplinary members of the school-based health care team. They also develop strategies for exchanging and disseminating technical assistance related information to, from, and among NASBHC centers and members.

The *Advisory Panel for Government Affairs* was established in recognition of the critical work that is needed to influence the development of policies at the federal, state and community levels that will nurture and sustain SBHCs long term. They develop and support state and federal policy and financing mechanisms, as well as articulate public policy positions on issues pertaining to school-based health care.

The *Advisory Panel for Evaluation and Quality* brings resources and technical support so that SBHCs can more effectively demonstrate their value to stakeholders. They conduct and disseminate national research and evaluation, facilitate national discussion regarding the definition of appropriate health, mental health, and education programs and performance measures and outcomes for SBHCs.

Louisiana Assembly on School-Based Health Care (LASBHC) www.lasbhc.org

The Louisiana Assembly on School-Based Health Care (LASBHC), established in 1994 is a state chapter of the NASBHC. Like the NASBHC, the LASBHC is dedicated to promoting accessible, quality school-based primary health and mental health care for children and youth through interdisciplinary and collaborative efforts advanced through SBHCs. The LASBHC supports national goals, provides advocacy, supports and coordinates activities set by the state membership, and seeks support for expansion of the state SBHC program. Both of these organizations offer membership for a fee.

Please see *Decision-Making Guidelines for the OPH-ASHP Office, the Network, and the LASBHC* later in this section. These Guidelines outline the decision making process established between ASHP, the Network, the Subcommittees and LASBHC.

POLICIES AND LAWS REGARDING TREATMENT

Each SBHC should develop its own policies and procedures for each of the following.

1. **Uniform Parental/Legal Guardian Consent** - Parental or legal guardian consent is required as a condition for a student's receipt of SBHC services. There is a Department of Health and Hospitals (DHH) uniform parental consent form that must be signed by the parent/legal guardian of students under the age of 18 who receive services from the SBHC. Parental involvement in all aspects of the SBHC is encouraged.

Each SBHC should develop its own policy and procedure for responding to students who do not have a signed parental consent form on file and who present to the SBHC for treatment of a ***non-life threatening*** condition.

Two options for SBHCs in such situations include:

A. NON-INVOLVEMENT: The SBHC staff should refer the student to school personnel (e.g. the Principal's Office) to contact the student's parent or guardian, if the non-enrolled student's condition requires such notice. Should the parent or guardian come to the school to pick up the student, that parent or guardian may be offered the opportunity to sign a consent form and to allow the SBHC to provide any appropriate treatment or service.

B. SINGLE EPISODE VERBAL CONSENT: The SBHC staff, with the permission of the student, may contact the student's parent or guardian, describe the condition, and request consent to treatment along with assurances that the parent or guardian will sign a consent form. The form should be immediately sent to the parent or guardian specifying a return deadline. Following the initial treatment, no further treatment may be provided to the student without a signed written consent form on file.

There are laws in Louisiana regarding minor consent:

R.S. 40:1095, Minor's Consent to Medical Treatment, permits a minor who believes him or herself to be afflicted with an illness or disease to consent to receive medical care. This consent shall be valid and binding as if the minor had achieved his or her majority. The intent is to allow minors to receive the highest degree of medical care, services and advice possible to actively encourage the betterment of the health and welfare of the citizens of the state.

<http://www.legis.state.la.us/lss/lss.asp?doc=97033>

R.S. 40:1065.1, Minors' Consent for Treatment of Venereal Diseases, states that consent executed by a minor who is or believes himself to be

afflicted with a venereal disease shall be valid and binding as if the minor had achieved his majority.

<http://www.legis.state.la.us/lss/lss.asp?doc=97026>

R.S. 40:1096 Minor's Consent to Treatment for Drug Abuse states that a minor may also consent to medical treatment without prior parental consent where he or she believes himself or herself to be addicted to drugs or narcotics.

<http://www.legis.state.la.us/lss/lss.asp?doc=97034>

See the attached minor consent laws at the end of this section.

2. **Reproductive Health Services Policy** - It is the policy of SBHCs in Louisiana, in compliance with the laws of the State on sexuality education, counseling, services, and referral, to promote and encourage abstinence from premarital sexual activity. SBHCs serve to reinforce lessons and messages embodied in the school's health education curriculum that abstinence is the most effective way to prevent pregnancy and sexually transmitted diseases. New SBHCs are required to offer pregnancy testing as well as diagnosis and treatment of sexually transmitted diseases onsite. And as of July 2008, all SBHCs are required to provide such services if age appropriate. HIV testing is encouraged but not required.

There is a law in Louisiana regarding HIV-related testing and consent:

R.S. 40:1300.13 HIV-Related Testing; Consent; Exceptions states that consent for HIV testing shall be incorporated into the patient's general informed consent for medical care on the same basis as are other screening or diagnostic tests; a separate consent form for HIV testing is not necessary. See the attached HIV testing law at the end of this section.

<http://www.legis.state.la.us/lss/lss.asp?doc=97312>

3. **Prohibition on Distribution of Contraceptives or Abortifacients** - According to ASHI Act R.S. 40:31.3, SBHCs and all personnel employed in the centers are prohibited from distributing any contraceptive or abortifacient drug, device, or other similar product. A statement of the prohibition outlined above must be posted in each center.
4. **Prohibition of Abortion Counseling and Referral** - According to ASHI Act R.S. 40:31.3, SBHCs and all personnel employed by the centers are prohibited from counseling or advocating abortion in any way or referring any student to any organization for counseling or advocating abortion. A statement of the prohibition outlined above must be posted in each center.
5. **Prenatal Care** - SBHCs may offer routine pre-natal care at the school site to pregnant students. If the SBHC offers such care, it must also make certain that

the student can access 24-hour back up services and she understands arrangements for delivery and post-partum care. SBHCs may also offer enrolled students parenting education. If the SBHC refers the student to an off campus site for pre-natal care, it should exercise appropriate oversight to insure that the student is receiving the required care.

6. **Confidentiality of Services and Medical Information** - A SBHC shall have written policies and procedures for ensuring confidentiality of services provided to students. The policies must be approved by school authorities and all partners in service delivery. In addition, each center must develop written policies and procedures for the maintenance, security, and confidentiality of all medical records. This shall include who shall supervise the maintenance of records, and who shall have custody of records. This procedure shall also state to whom records can be released and the procedure for doing so. Both recipient as well as administrative records shall be the property of the SBHC and the center, as custodian, shall secure records against loss, tampering, or unauthorized use. SBHC personnel are responsible for monitoring compliance with the confidentiality policies.
7. **Continuance of Confidentiality** - A student's medical records shall continue to be confidential after the student leaves the school or is no longer receiving treatment from the SBHC.
8. **Minor Patients' Access to Medical Information** - A minor patient who seeks to exercise his/her right of access to medical information shall direct his/her request in writing to the director of the SBHC.
9. **Emergency Care Policy**
In the event than an unconscious or confused minor enters the SBHC for treatment, the facility can offer treatment to that patient under the law of **IMPLIED CONSENT** (RS 40:1299.54). This law states the following:

When a patient is unconscious or so ill or badly injured that his ability to respond is impaired, he is assumed to consent for treatment. An emergency situation for this purpose is one in which there is a significant risk of death, loss of limb, permanent physical impairment, or significant deterioration of the victim's condition.

Attempts to contact the nearest relative will be made by the attending physician or his designee at the earliest possible time.

<http://www.legis.state.la.us/lss/lss.asp?doc=97248>

LISTING OF LOUISIANA SBHC SAMPLE POLICIES AVAILABLE ON THE ASHP WEBSITE AT: <http://www.dhh.louisiana.gov/offices/?ID=255>

1. Accessibility of Medical Record
2. Appointment Scheduling and Internal Referral
3. Billing
4. Chart Documentation
5. Child Abuse
6. Client Greeting
7. Collaboration with Primary Care Providers
8. Complaints
9. Comprehensive Physical Examinations
10. Consent for Care
11. Continuing Education
12. Data Management
13. Developmental and Risk Behavior Assessment
14. Emergency Procedures and Equipment
15. Employee Time and Attendance
16. Equipment Calibration
17. External Referral and Follow-up
18. Growth Assessment
19. Lab Posting and Logs
20. Maintaining Supplies and Medications
21. Medication Storage, Expiration, and Disposal
22. Personnel File
23. Publicity, Outreach, and Enrollment
24. Reportable Incidents
25. Routine Cleaning
26. Staff Education & On-the-Job Training
27. Staff Orientation
28. Suicide and Homicidal/Threats of Violence
29. Summer Program
30. Team Conferencing
31. Tracking Comprehensive Physical Exams

In addition, sample policies (*Policies and Procedures Tool Kit* CD) are available through the NASBHC at www.nasbhc.org.

LISTING OF LOUISIANA SBHC SAMPLE MEMORANDUMS OF UNDERSTANDING (MOU) AVAILABLE ON THE ASHP WEBSITE AT: <http://www.dhh.louisiana.gov/offices/?ID=255>

1. Sample MOU between SBHC and Local School Board (2 samples)
2. Sample MOU between SBHC and School Nurse
3. Sample MOU between SBHC and School Social Worker
4. Sample MOU between SBHC and Regional Office of Public Health

5. Sample MOU between SBHC and Regional Office of Mental Health
6. Sample MOU between SBHC and Regional Office of Addictive Disorders
7. Sample Social Work Supervision MOU

DOCUMENTS ATTACHED TO HISTORY AND STRUCTURE SECTION

1. Adolescent School Health Initiative Act (R.S. 40:31.3)
2. Minor Consent Laws and Instruction in Sex Education Law
3. Law Regarding HIV Testing and Consent
4. Organizational Chart
5. Decision-Making Guidelines for the OPH-ASHP Office, the Network, and the LASBHC

ADOLESCENT SCHOOL HEALTH INITIATIVE ACT R.S. 40:31.3

To enact R.S. 40:31.3, relative to adolescent school health; to require the Office of Public Health, Department of Health and Hospitals, to establish an adolescent school health initiative; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 40:31.3 is hereby enacted to read as follows:

31.3. Adolescent school health initiative; health centers in schools

A. The Office of Public Health, Department of Health and Hospitals, shall establish an adolescent school health initiative to facilitate and encourage development of comprehensive health centers in public middle and secondary schools in Louisiana which shall provide preventive health services, counseling, acute health services, and appropriate referral for acute health services. Such initiative shall be subject to the approval of the local school systems.

B. The Office of Public Health shall:

(1) Coordinate efforts to facilitate and encourage establishment of health centers in schools by providing information, technical assistance, direction, and, to the extent appropriate, funds to locally based entities for the establishment and operation of health centers in middle and secondary schools.

(2) Convene and participate in an intergovernmental coordinating council, which shall be composed of representatives from the department of education, social services, health and hospitals, and other governmental entities or programs related to health services to assist in implementation, oversight, and funding assistance for health centers in schools.

(3) Apply for and assist local efforts to apply for all available public and private funds to establish and operate health centers in schools.

(4) Establish procedures for allocation of funds appropriated or otherwise available to the program in a manner, which prioritizes funding according to the urgency, and degree of health care needs among the various middle and secondary school populations.

(5) Establish criteria to be considered in selection of locations or placement of health centers in schools.

C. Health centers in schools are prohibited from:

(1) Counseling or advocating abortion in any way or referring any student to any organization for counseling or advocating abortion.

(2) Distributing at any public school any contraceptive or abortifacient drug, device, or other similar product.

D. The provisions of this Section shall be applicable only to the extent that funds are made available for this purpose from public or private sources.

Section 2. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided in Article III, Section 18 of the Constitution of Louisiana.

*Signed by Governor Buddy Roemer
July 29, 1991*

Louisiana Minor Consent Laws/Sex Education Laws

Louisiana Revised Statute 40:1095

PART I-A. MINOR'S CONSENT TO MEDICAL TREATMENT AND RELATED PROCEDURES

SUBPART A. MINOR'S CONSENT; MISCELLANEOUS PROVISIONS

§1095. Medical treatment

A.(1) Consent to the provision of medical or surgical care or services by a hospital or public clinic, or to the performance of medical or surgical care or services by a physician, licensed to practice medicine in this state, when executed by a minor who is or believes himself to be afflicted with an illness or disease, shall be valid and binding as if the minor had achieved his majority. Any such consent shall not be subject to a later disaffirmance by reason of his minority.

(2) A minor may consent to medical care or the administration of medication by a hospital licensed to provide hospital services or by a physician licensed to practice medicine in this state for the purpose of alleviating or reducing pain, discomfort, or distress of and during labor and childbirth. The manner of administration of medications includes but is not limited to intravenous, intramuscular, epidural, and spinal. This consent shall be valid and binding as if the minor had achieved her majority, and it shall not be subject to a later disaffirmance by reason of her minority.

B. The consent of a spouse, parent, guardian, or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize such hospital care or services or medical or surgical care or services, or administration of drugs to be provided by a physician licensed to practice medicine to such a minor.

C. Upon the advice and direction of a treating physician, or, in the case of a medical staff, any one of them, a physician or member of a medical staff may, but shall not be obligated to, inform the spouse, parent or guardian of any such minor as to the treatment given or needed, and such information may be given to, or withheld from the spouse, parent or guardian without the consent and over the express objection of the minor.

D. No hospital and no physician licensed to practice medicine in this state shall incur civil or criminal liability in connection with any examination, diagnosis and treatment authorized by this section except for negligence.

Added by Acts 1972, No. 182,§ 1; Acts 1994, 3rd Ex. Sess., No. 18,§ 2, eff. July 6, 1994; Acts 2001, No. 884,§ 1.

Louisiana Revised Statute 40:1096

§1096. Treatment for drug abuse

A. Consent to the provision of medical or surgical care or services by a hospital or public clinic, or to the performance of medical or surgical care or services by a physician, licensed to practice medicine in this state, when executed by a minor who is or believes himself to be addicted to a narcotic or other drug, shall be valid and binding as if the minor had achieved his majority. Any such consent shall not be subject to a later disaffirmance by reason of his minority.

B. The consent of a spouse, parent, guardian or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize such hospital care or services or medical or surgical care or services to be provided by a physician licensed to practice medicine to such a minor.

C. Upon the advice and direction of a treating physician, or, in the case of a medical staff, any one of them, a physician or member of a medical staff may, but shall not be obligated to, inform the spouse, parent or guardian of any such minor as to the treatment given or needed, and such information may be given to, or withheld from the spouse, parent or guardian without the consent and over the express objection of the minor.

D. No hospital and no physician licensed to practice medicine in this state shall incur civil or criminal liability in connection with any examination, diagnosis and treatment authorized by this section except for negligence.

Added by Acts 1972, No. 183, § 1.

Louisiana Revised Statute 40:1065.1

§1065.1. Minor's consent for treatment of venereal diseases

A. Consent to the provision of medical or surgical care or services by a hospital or public clinic, or to the performance of medical or surgical care or services by a physician, licensed to practice medicine in this state, when executed by a minor who is or believes himself to be afflicted with a venereal disease, shall be valid and binding as if the minor had achieved his majority. Any such consent shall not be subject to a later disaffirmance by reason of his minority.

B. The consent of a spouse, parent, guardian or any other person standing in a fiduciary capacity to the minor shall not be necessary in order to authorize such hospital care or services or medical or surgical care or services to be provided by a physician licensed to practice medicine to such a minor.

C. Upon the advice and direction of a treating physician, or, in the case of a medical staff, any one of them, a physician or member of a medical staff may, but shall not be obligated to, inform the spouse, parent or guardian of any such minor as to the treatment given or needed, and such information may be given to, or withheld from the spouse, parent or guardian without the consent and over the express objection of the minor.

D. No physician licensed to practice medicine in this state shall incur civil or criminal liability in connection with any examination, diagnosis and treatment authorized by this section except for negligence.

Added by Acts 1970, No. 41, § 1.

Louisiana Revised Statute 17:281

SUBPART D-1. PERMITTED COURSES OF STUDY

§281. Instruction in sex education

A.(1)(a) Any public elementary or secondary school in Louisiana may, but is not required to, offer instruction in subject matter designated as "sex education", provided such instruction and subject matter is integrated into an existing course of study such as biology, science, physical hygiene, or physical education. When offered, such instruction shall be available also to nongraded special education students at age-appropriate levels. Except as otherwise required to comply with the provisions of Subparagraph (b) of this Paragraph, whether or not instruction in such matter is offered and at what grade level it is to be offered shall be at the option of each public local or parish school board, provided that no such instruction shall be offered in kindergarten or in grades one through six. Such instruction may be offered at times other than during the regular school day, at such times to be determined by each school board. All instruction in "sex education" shall be identified and designated "sex education".

(b) Effective beginning with the spring semester of the 1992-1993 school year and thereafter, whenever instruction in sex education is offered by any school, such instruction shall be available also to any student in such school, regardless of the student's grade level, who is pregnant or who is a mother or father.

(2) It is the intent of the legislature that, for the purposes of this Section, "sex education" shall mean the dissemination of factual biological or pathological information that is related to the human reproduction system and may include the study of sexually transmitted disease, pregnancy, childbirth, puberty, menstruation, and menopause, as well as the dissemination of factual information about parental responsibilities under the child support laws of the state. It is the intent of the legislature that "sex education" shall not include religious beliefs, practices in human sexuality, nor the subjective moral and ethical judgments of the instructor or other persons. Students shall not be tested, quizzed, or surveyed about their personal or family beliefs or practices in sex, morality, or religion.

(3) No contraceptive or abortifacient drug, device, or other similar product shall be distributed at any public school. No sex education course offered in the public schools of the state shall utilize any sexually explicit materials depicting male or female homosexual activity.

(4) The major emphasis of any sex education instruction offered in the public schools of this state shall be to encourage sexual abstinence between unmarried persons and any such instruction shall:

(a) Emphasize abstinence from sexual activity outside of marriage as the expected standard for all school-age children.

(b) Emphasize that abstinence from sexual activity is a way to avoid unwanted pregnancy, sexually transmitted diseases, including acquired immune deficiency syndrome, and other associated health problems.

(c) Emphasize that each student has the power to control personal behavior and to encourage

students to base action on reasoning, self-esteem, and respect for others.

B. Notwithstanding any other provisions of law, the qualifications for all teachers or instructors in "sex education" shall be established and the selection of all such teachers or instructors shall be made solely and exclusively by the public local or parish school board.

C. All books, films, and other materials to be used in instruction in "sex education" shall be submitted to and approved by the local or parish school board and by a parental review committee, whose membership shall be determined by such board.

D. Any child may be excused from receiving instruction in "sex education" at the option and discretion of his parent or guardian. The local or parish school board shall provide procedures for the administration of this Subsection.

E. In the event of any violation of the provisions of this Section, the public local or parish school board in charge of administering and supervising the school where said violation has occurred, after proper investigation and hearing, shall correct the violation and take appropriate action to punish the offending party or parties responsible for said violation.

F. No program offering sex education instruction shall in any way counsel or advocate abortion.

G. A city or parish school system may accept federal funds for programs offering sex education only when the use of such funds does not violate the provisions of this Section and only upon approval by the local school board. The acceptance and use of federal funds for sex education shall in no way be construed to permit the use of any federally supplied materials that violate Louisiana law regulating sex education.

H. Notwithstanding any other provision of law, the Orleans Parish School Board may offer instruction in sex education at the third grade level or higher.

Acts 1979, No. 480, § 1; Acts 1982, No. 581, § 1, eff. Aug. 15, 1982; Acts 1987, No. 904, § 1; Acts 1988, No. 917, § 1, eff. July 26, 1988; Acts 1990, No. 1061, § 1, eff. July 27, 1990; Acts 1992, No. 842, § 1; Acts 1992, No. 1079, § 1, eff. July 14, 1992; Acts 1993, No. 921, § 1, eff. June 25, 1993

Louisiana Revised Statute 1300.13

§1300.13. HIV-related testing; consent; exceptions

A. Except as provided, specifically authorized, or required by a state or federal law, in the event that HIV diagnostic testing is offered to a person as part of a routine medical screening in health care settings, substance abuse treatment facilities, mental health treatment facilities, and correctional settings, the patient shall be informed orally or in writing that HIV testing shall be performed unless the patient declines or "opts out" of the testing. Oral or written information shall include an explanation of HIV infection and the meanings of positive and negative test results, and the patient shall be offered an opportunity to ask questions. Consent for HIV testing shall be incorporated into the patient's general informed consent for medical care on the same basis as are other screening or diagnostic tests; a separate consent form for HIV testing shall not be necessary. If a patient declines testing, it shall be noted in the medical record.

B. Community-based organizations that are funded by the office of public health to conduct HIV testing services will be required to follow all HIV testing protocols established by the HIV/AIDS Program of the office of public health.

C. A patient requesting the performance of an HIV-related test shall be provided an opportunity to remain anonymous by the use of a coded system with no correlation or identification of the individual's identity to the specific test request or results. In these instances the identifying information otherwise required by the Louisiana State Sanitary Code shall not be required. A health care provider that is not able to provide HIV-related tests on an anonymous basis shall refer, at no extra charge to the individual seeking anonymity, such individual to a test site that provides anonymous testing. The provisions of this Subsection shall not apply to inpatients in hospitals.

D. If an individual tests positive for HIV infection, the individual shall be referred to a health care provider for appropriate HIV-related primary medical care.

E. The provisions of Subsections A through D shall not apply to the performance of an HIV-related test:

(1) By a health care provider or health care facility in relation to the procuring, processing, distributing, or use of a human body or human part, including organs, tissues, eyes, bones, arteries, blood, semen, or other body fluids, for use in medical research or therapy, or for transplantation to individuals, as provided in R.S. 40:1299.142.

(2) For purposes of accredited scientific or medical research. Any testing must be performed in such a manner that the identity of the test subject remains anonymous and may not be retrieved by any researcher unless specifically authorized.

(3) On a deceased person, when the HIV-related test is conducted to determine the cause of death or for epidemiological purposes.

(4) On any child taken into custody by the Department of Social Services, where department officials have cause to believe that the child has been infected with HIV.

(5) On any child when the child's attending physician reasonably believes such test to be necessary in order to properly diagnose or treat the child's medical condition and documents

such reason in the child's medical record, including all newborns whose mothers present for delivery without a diagnostic HIV test on record.

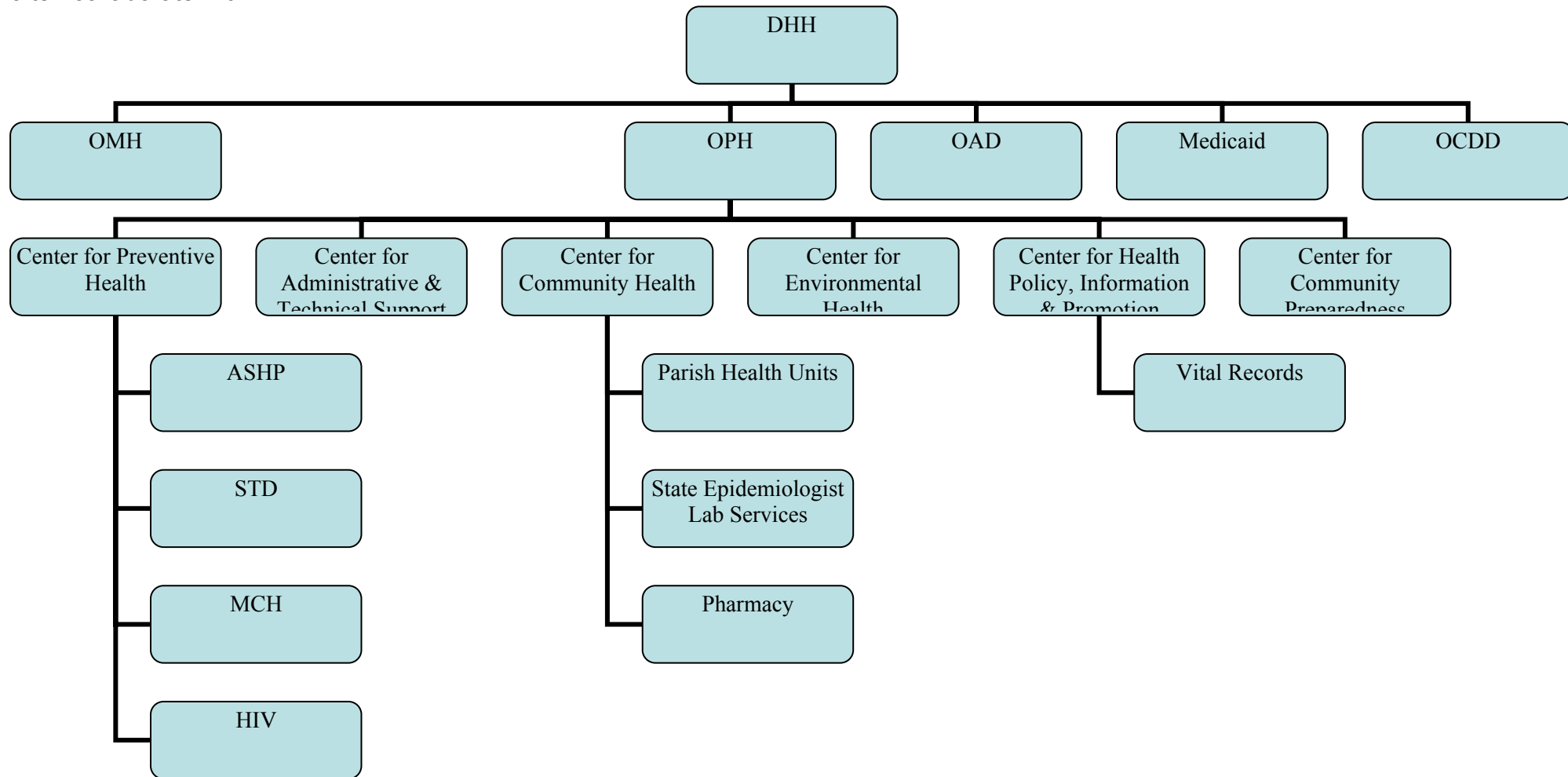
(6) On any person who has been arrested, indicted, or convicted for the crimes of aggravated rape, forcible rape, simple rape, or incest when required by a court to undergo an HIV-related test.

F. Repealed by Acts 2007, No. 153, §2.

Acts 1991, No. 1054, §1; Acts 2007, No. 153, §§1, 2.

Organizational Chart

The following chart delineates the organizational structure of DHH, OPH and ASHP in conjunction with other agencies that we often collaborate with:



Decision-Making Guidelines for OPH-ASHP Office, the Network, and the LASBHC

Revised October 2008

Listed below are the **Operating Guidelines** for the sub-committees, the **Terms of Office** for the SBHC Co-Chairs and the **Voting Requirements** for the sub-committees' members.

I. OPERATING GUIDELINES

- A. There are 4 subcommittees within the Network: Administrative, Data, Medical, and Psychosocial. They are co-chaired by an assigned OPH-ASHP staff member and one SBHC discipline specific representative.
- B. Sub-committee meetings are open to everyone. However, voting is reserved for the designated discipline specific provider.
- C. SBHC Co-Chairs may decide where sub-committee meetings are held for the year. Meetings will be held in one place for the year unless otherwise decided upon by members of the sub-committee. However, if possible, conference calls will be used. Due to costs, there will be a limit of six sites per conference call.
- D. The sub-committee agenda and minutes will be compiled by the OPH Co-Chair in consultation with the SBHC Co-Chair and disseminated to all SBHCs by email. **A copy of the minutes from every Data, Medical, and Psychosocial Sub-Committee meeting should be forwarded to the Administrative Sub-Committee OPH Co-Chair for dissemination to all SBHC administrators.**
- E. Recommendations for changes to the *Principles, Standards, and Guidelines for School-Based Health Centers in LA* begin at the sub-committee level. All recommendations are forwarded to OPH-ASHP. All final decisions regarding the *Principles, Standards and Guidelines* will be made at the OPH-ASHP office.

II. TERMS OF OFFICE FOR SBHC SUB-COMMITTEE CO-CHAIRS

- A. The SBHC Co-Chairs may be from the same sponsoring agency.
- B. SBHC Co-Chairs must attend discipline specific meetings as well as administrative meetings if recommendations are being presented. All recommendations from the Data, Medical, and Psychosocial Sub-Committees that pertain to the contract should be forwarded in writing to the Administrative Sub-Committee OPH Co-Chair no later than December of the fiscal year and all other recommendations should be forwarded in writing to the Administrative Sub-Committee OPH Co-Chair no later than April 15 of the fiscal year. That committee's Co-Chair or the Co-Chair's representative should then be present at the following Administrative Sub-

Committee meeting to present the recommendation to the Administrative Sub-Committee in person.

- C. Elections for the new SBHC Co-Chairs will occur at the first respective sub-committee meeting of the program year.
- D. Co-Chairs serve a 1-year term with a limit of four consecutive years. The Administrative Sub-Committee decided to have Co-Chairs for that committee serve for a 2-year term, with a limit of 2 consecutive terms.

III. VOTING

- A. Each sponsoring agency shall have one vote per committee. The sponsoring agency shall designate the discipline specific provider to act as the voter at each meeting. The designated provider will maintain exclusive voting rights for that sponsor for a minimum of one year. After the year is over, the designated provider may be reselected at the sponsor's discretion.
- B. Each sponsoring agency will be required to submit to OPH their list of designated discipline specific providers (Sub-Committee Voting Members form). This list must be returned to OPH prior to the first sub-committee meeting in order to hold elections.
- C. All sub-committee recommendations are voted on the day of the meeting by those present. If this is not possible, the SBHC and OPH Sub-Committee Co-Chairs will decide if the recommendation is tabled until the next meeting or if those present will be able to vote via fax to OPH.
- D. OPH-ASHP **does not vote** at the sub-committee level.

Decision-Making Model for OPH-ASHP Office, the Network, and the LASBHC

